

and is unlikely to improve the quality of any resulting discussion. Ironically, given Pence's apparent dislike of stereotypes, he also offers a crude characterisation of Australian reactions to a headline in Australia's *Sunday Herald Sun* about attempts to sell embryos on the internet. "In this story, it helped that older Australians for some years had been feeling that they had fallen behind in the computer revolution and that the internet-via-computers was the purveyor of this evil. It also helped that the site of evil was the United States, which the Australian media loved to criticise for its excesses of commercialism. ... For traditional Australians, bewildered by a changing world ... the reductio ad absurdum was right there" (page 66). While it *might* be the case that there is something to this stereotype it can only ever be considered a crude characterisation of a fairly complicated phenomena and does not add much to the point Pence wants to make. This is a book for those interested in the big present and future issues. Furthermore those interested in reflecting upon bioethics and its present state likewise should consult this book. This recommendation should be tempered, however, with the warning that by the end of this book what began as a fresh and invigorating challenge to bioethics and its position on the problems of the day may become a bit irritating in its tone; a shame as this is otherwise a challenging book.

J McMillan

Brain Death: Philosophical Concepts and Problems

T Russell. Ashgate, 2000, £40.00, pp 183. ISBN 0 7546 1210 4

It is more than thirty years since the Harvard report, *A Definition of Irreversible Coma*, and twenty-five years since the UK Royal Colleges' criteria for the diagnosis of brain death, *Diagnosis of Brain Death*, provoked passionate public debate. For many years now, however, the concept has been well accepted by the public, and the practicalities of its use by the medical profession. According to a recent American book, however, some academic philosophers are concerned that the pragmatism of the doctors and the acceptance of the public has led too readily to acceptance of incoherent concepts and they would like to reignite controversy. The present book also argues that current concepts of brain death are conceptually inadequate and claims to present an entirely new concept of death with which it might be replaced. This is that death results from death of the organism as a whole, not of the whole organism. This concept was in fact fundamental to the original debate about brain death. What is new here, however, is the proposition that the only coherent interpretation of this is that there should be failure of control of bodily homeostasis.

Russell admits there is no hope of *discovering* when death occurs—it will inevitably be a matter of selecting an arbitrary point when it is *agreed* that it has occurred. He reviews brain stem, whole brain, and neocortical death and the difference between brain death, the vegetative state, and the locked-in syndrome. While some reject brain-based criteria Russell is in favour of accepting that brain death (by his new definition) should mean death.

Exit from life from a religious viewpoint is when the soul leaves the body. For some philosophers it is when consciousness and personhood are permanently lost. But biological criteria are the most universally accepted.

Discussing the necessary and sufficient conditions for life Russell argues for definitions that apply to all animals, rejecting the notion that humans are special.

Life, Russell argues, implies the capacity to transform energy, to organise life processes either in a single cell or a whole organism and to adapt to changes in the internal and external environment. Homeostasis is a necessary but not sufficient condition for life and is the only manifestation of life that can be applied universally from amoeba to man. For the amoeba this implies capacity for movement, avoiding harm, and ingesting food. For man it implies control of body temperature, fluid balance and blood pressure. There follows a convoluted argument based on elaborate analogies to illustrate the problem of the difference between loss of control of a complex system centrally or by the accumulated failures of peripheral components of the system, and when failure (that is, death) occurs.

Discussing operational changes in the diagnosis of brain death he admits there is no ready means of detecting failure of homeostasis other than waiting for its delayed effects—low and falling body temperature and blood pressure and the passage of large amounts of urine. It is doubtful if many will be persuaded by his suggestion that these should replace the accepted and well-tried criteria of brain stem death, "because to use both would cause intellectual confusion".

Stylistically, the book has several weaknesses. There is, for example, the strange use of the word "monograph"—"my proposed monograph is a robust monograph"—seeming to make it synonymous with thesis. And "any hypomonograph must be verifiable in principle" sent me fruitlessly to the dictionary. My assumption that these were part of the usage and vocabulary of philosophers was dismissed by a professor of philosophy. The whole text reads like a degree thesis with frequent use of the personal pronoun, sometimes four times in as many lines, as the author declaims his current and future arguments.

B Jennett

Prenatal Testing and Disability Rights

Edited by E Parens, A Asch. Georgetown University Press, 2000, £46.75 (hb), £17.25 (sb), pp 371. ISBN 0-87840-804-5

Here is a book that should be read by all those involved in the fields of prenatal diagnosis and genetic counselling. It is based on a two year project set up in the late 1990s by the Hastings Center in New York, in which prenatal testing and its likely future advances were discussed, from their contrasting viewpoints, by professionals providing such services and those committed to promoting disability rights. Exchanges between a group who see any form of prenatal testing for malformation as an unacceptable affront to those with disability and those who offer such testing in their daily routine will inevitably be difficult. And, reading between the lines it seems likely that the project nearly foundered. One original intention was to develop guidelines concerning which anomalies might warrant prenatal diagnosis and abortion, and which were too mild for such action. The disability rights members could not agree to any such distinctions so this objective was abandoned. There was, however, firm agreement on other questions. In particular, there was agreement on the need for broader exposure to disability during training

of medical students and genetic counsellors; on the need to demedicalise disability and focus less on the impairment, and more on the need for society to accept and accommodate those affected so that their disability was minimised.

The opening chapter is a useful overview of the disability rights critique of prenatal testing and the next two sections fill out the detail. Those with experience of disability set out their views and those who see prenatal testing as by no means undermining the value of the disabled state theirs. The contributors write well and put their case with logic as well as vehemence and each chapter is well referenced. There is considerable discussion of "expressivity", which in this context refers to the message that the offering of a prenatal test with the implied possibility of selective abortion, sends to society. Some argue that this is one that devalues the disabled community. The participants accepted a woman's right to abortion. It is not this issue but the request for abortion of a particular fetus on grounds of one characteristic (for example trisomy), that the disabled contributors found unacceptable.

The final section of the book deals with practical matters. A lawyer voices concern that as more tests become available defensive medical practice will mean that more are offered until the medicolegal norm includes investigations that common sense would condemn. Drawing on her extensive research experience Dorothy Wertz suggests criteria on the basis of which decisions could be made for offering or not offering a test. She argues that it is important that any such criteria are not based on the seriousness of the disorder as this can be highly subjective and dependent on individual experience.

The concluding chapters come from a fetal medicine obstetrician and a genetic counselling educator and her student, who describe the impact the discussions have had on them both personally and professionally.

There is agreement that pretest counselling, particularly for serum screening for neural tube defect or Down's syndrome, is woefully inadequate, and that when an abnormal result is obtained there should be more opportunity provided for the potential parents to obtain first hand information on both the joys and the sorrows of parenting such a child. With decisions having to be made rapidly and while parents are in the midst of coming to terms with their fetus being "different" this is hard to put into practice. Much will depend on the personal beliefs and attitudes of those who counsel them.

The book spells out clearly the tension between offering parents the opportunity to avoid the birth of a child with disability and maintaining a positive attitude to those who have these disabilities. This message and the need to work towards a society where the disabled are welcomed as equals should be an ethos imparted at the training stage. The book provides an admirable resource for students, their teachers, and practitioners.

The book's chief disadvantage is that it is based on American practice where money will buy investigations more readily than in the UK, but the ideas put forward can be applied to any local situation. The book also seems to indicate the existence of a serious hiatus in some US states between the funding of a prenatal test and of an abortion arising from its result, a pitfall to guard against.

A C Berry